## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHAN	GES IN B	ENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Servatius Gregory</u>						2. Issuer Name and Ticker or Trading Symbol STEPAN CO [ SCL ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) 22 W. FI	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015								X Officer (give title Other (specify below) below)  VP of Human Resources					
(Street) NORTH (City)			60093 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
Table I - Non-Derive  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			ction	on 2A. Deemed Execution Date,		Code (Instr.   5)		<u>,                                      </u>		5. Amount Securities Beneficial	5. Amount of Securities Beneficially Owned Following		nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership					
						,	Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	on(s)	(.) (	,	(Instr. 4)			
Common	Common Stock 06/12		06/12/	2015	015		A		60.73(1)	A	\$53.2	4 23,462	23,461.215		D				
Common	Stock													11,601	.607(2)		I	By ESOP II Trust	
Common Stock												498,	941		I	Member of Plan Committee of Stepan Company			
		Т	able II								posed of converti			y Owned					
1. Title of Derivative Security (Instr. 3)  2. Conversic or Exercis Price of Derivative Security		cise (Month/Day/Year) if an (Mor		med on Date, Day/Year)	4. Transaction Code (Instr. 8)		n of		6. Date Exerci Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Share	(4)	06/12/2015			A		21.95		(5)		(5)	Common	21.95	\$53.24 <sup>(6)</sup>	6,514	.285	D		

## Explanation of Responses:

- 1. Reflects acquisition of deferred share units under the Performance Award Deferred Compensation Plan ("Plan") pursuant to a dividend equivalent feature of the Plan.
- 2. Reflects ESOP II acquisitions that have occurred since the Reporting Person's last ownership report covering ESOP II holdings.
- 3. Share Units are acquired under the Management Incentive Plan (As Amended and Restated Effective January 1, 2015) ("MIP"), a nonqualified deferred compensation plan which allows MIP participants to elect to defer all or a portion of their deferred compensation into accounts pursuant to MIP provisions.
- 4 Share Units convert on a one-for-one basis into Common Stock
- 5. Reflects acquisition of Share Units pursuant to a dividend equivalent feature of the MIP, generally payable at end of employment, unless otherwise elected.
- 6. Price reported is the price of Common Stock on the date the dividend equivalents are payable pursuant to a dividend equivalent feature of the MIP.

## Remarks:

**Greg Servatius** 

06/16/2015

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.